

**SECOND CORRECTIVE ACTION PLAN
ASSESSMENT
of
SUWANNEE CORRECTIONAL INSTITUTION**

for the

Physical and Mental Health Survey
Conducted January 10-12, 2023

CMA STAFF

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I. Overview

On January 10-12, 2023, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Suwannee Correctional Institution (SUWCI). The survey report was distributed on February 27, 2023. In April 2023, SUWCI submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SUWCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

Summary of CAP Assessments for Suwannee Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	11/1/23	55	20	35
2	3/4/24	20	10	10

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 8 of the 13 physical health findings were corrected. Five physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Endocrine Clinic Chronic Illness Clinic:</u> Screen 6: A dilated fundoscopic examination is completed yearly for diabetic inmates	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Gastrointestinal Chronic Illness Clinic:</u> Screen 7: There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection	X				
<u>Neurology Chronic Illness Clinic:</u> Screen 4: Abnormal labs are reviewed and addressed in a timely manner	X				
<u>Emergency Services:</u> Screen 9: Inmates returning from an outside hospital are evaluated by the clinician within one business day		X			
<u>Outpatient Infirmary Care:</u> Screen 7: A discharge note containing all of the required information is completed as required			X		
<u>Inpatient Infirmary Care:</u> Screen 4: A Morse Fall Scale is completed at the required intervals	X				
Screen 5: Nursing assessments are completed at the required intervals	X				
Screen 8: A discharge note containing all of the required information is completed as required	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Medication And Vaccination Administration:</u> Screen 6: There is evidence of influenza vaccination or refusal	X				
<u>Intra-System Transfers:</u> Screen 7: A clinician reviews the health record and DC4-760A within seven (7) days of arrival		X			
<u>Periodic Screenings:</u> Screen 2: All components of the screening are completed and documented as required		X			
<u>Periodic Screenings:</u> Screen 3: All diagnostic testing was completed prior to the periodic screening encounter		X			
<u>PREA Medical Review:</u> Screen 8: The inmate is evaluated by mental health by the next working day	X				

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 7 mental health findings were corrected. Five mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Self-Injury and Suicide Prevention</u> <u>Review:</u> Screen 3: Guidelines for SHOS management are observed		X			
Screen 4: The inmate is observed at the frequency ordered by the clinician		X			
Screen 10: The Individualized Services Plan (ISP) is revised within 14 days of discharge		X			
<u>Special Housing:</u> Screen 3: A mental status examination (MSE) is completed in the required time frame	X				
Screen 4: Follow-up MSEs are completed in the required time frame					X
<u>Inpatient Psychotropic Medication</u> <u>Practices:</u> Screen 13: A physical examination is completed within 3 working days of admission to the CSU, TCU, or MHTF					X

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Outpatient Mental Health Services:</u> Screen 9: The Bio-psychosocial (BPSA) is present in the record	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by SUWCI staff, and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.